

for a leucotomy. The most serious harmful effect of the method was to produce or increase depression. One case who became severely depressed responded to E.C.T., but his main symptoms of depersonalization were unchanged.

These results support the conclusion that subconvulsive electrical stimulation is another method of producing abreaction. Previous experience has shown that the best results following abreaction have occurred in cases of traumatic hysteria with good personalities. So far nothing has emerged from this study to suggest that a wider group of neuroses can be helped.—I am, etc.,

London, S.E.1.

E. D. BARLOW.

Test for Occult Blood

SIR,—Dr. L. K. Manning (December 13, p. 1308) fears too many false positives with "the sensitive Gregersen's test." In fact, it was to reduce this very possibility that Gregersen introduced his test.

Ogilvie¹ showed that with the Gregersen test a blue or blue-green colour appearing in 30 seconds is proof positive of the presence of occult blood in the stools, irrespective of diet.—I am, etc.,

Edinburgh.

S. LIPETZ.

REFERENCE

- ¹ *British Medical Journal*, 1927, 1, 755

POINTS FROM LETTERS

Flying Squad Unit for Abortions

Dr. EDWARD COPE (Birmingham) writes: Dr. Mary A. Foley in her letter (November 15, p. 1103) entitled "Flying Squad Unit for Abortions" suggests that the majority of abortions could be treated in the patient's home. We admit an average of three incomplete abortions a day. Under hospital conditions these do not occupy a large number of medical man hours. To treat these patients at home, however, would require a considerable staff of highly qualified doctors who would be fully occupied in driving round the city evacuating abortions. I suggest that appointments to this staff would be difficult to fill. In addition, a number of our patients live with their families in a single room and it would only be feasible to use the service during school hours. The real place for the flying squad in the treatment of abortions is when the patient is bleeding heavily and is therefore unfit to move to hospital.

Lumbar Intervertebral Disk Protrusion

Dr. R. BARBOR (Hoddesdon, Herts) writes: I have been reading the letters referring to lumbar disk protrusions with great interest, and am glad to see that more and more manipulative treatment is mentioned. But should we not, as a profession, be ashamed to call it osteopathic treatment? It is at last being carried out by doctors, without anaesthetic, in a scientific form. This is a step forward. The reason for this quick method of cure not being universally used is that the manipulator finds difficulty (a) in making a sufficiently accurate diagnosis, and (b) in discriminating between the disk protrusion which is reducible and that which is not. In many cases the history tells him, and in the rest a careful and thorough examination. It is waste of time, and may be harmful, to attempt manipulative reduction of a pulpy protrusion, just as it is waste of time to treat a reducible protrusion of a cartilaginous fragment by conservative methods. When the medical profession can get together, and learn to examine and treat patients with backache, sciatica, dorsal pain, or a stiff neck on the lines carried out at St. Thomas's Hospital, a great service will be done to many sufferers.

Obstruction of Urethra by Sulphamerazine Crystals

Dr. NOEL C. SMYTH (Dun Laoghaire, Co. Dublin) writes: Dr. Leslie Ballon (October 18, p. 882) appears to incriminate "cremomerazine" specifically. I think, therefore, it would be fair and interesting to record the following case. I was called to see a boy aged 2½ years who was suffering from severe measles with mild bronchitis. I prescribed 1 g. sulphathiazole four-hourly for three doses, then 0.5 g. four-hourly for four doses and a copious intake of fluids. The father called the following afternoon and told me the child had not passed water since the morning. I prescribed a citrate mixture. The father called again at midnight, as the child still had not passed water. On examination I found the bladder distended; the prepuce was very tight and obscured the meatus. I felt a nodule in the distal ½ in. (1.3 cm.) of the

urethra, and I could not pass a probe. The measles, and urgency, ruled out removal to hospital, so I circumcised the child. The distal ½ in. (1.3 cm.) of the urethra was firmly blocked with a white chalky substance which I removed. Meatotomy was not necessary and the child micturated immediately. Unfortunately, this foreign body also failed to reach a laboratory, but I assumed that it was formed of sulphonamide crystals.

Dipsomania and the Law

Dr. LOUIS SHELDON (London, N.W.10) writes: According to Henderson and Gillespie, dipsomania is a state of acute intoxication occurring at intervals and is sometimes symptomatic of recurrent attacks of a manic depressive psychosis and sometimes of epilepsy. A patient of mine was recently fined 10s. in a police court for being drunk and disorderly. I was not called to give evidence, but was phoned during the trial to give an opinion. I told the police that this patient was a dipsomaniac and that he had been in a mental hospital on two occasions for treatment of his dipsomania. In spite of this opinion the man was fined and then referred with a view to admission to a mental hospital. This man is obviously mentally sick during his attack of alcoholism. Why the charge of drunk and disorderly and the fine? Surely the correct procedure should have been to refer him to a mental hospital once diagnosis of dipsomania is established.

Epidemiology and Weather

Dr. D. S. BADENOCH (Balloch, by Inverness) writes: Most of the infections that trouble us in the British Isles have an incubation period which falls conveniently within 14 days. Taking the standpoint that we are the incubating hosts, we naturally look for some phenomenon which assists or inhibits the activity of the infective germs. Some germs prefer to come in the dry summer weather, and others, especially the respiratory infection class, have a diabolical preference for dry frosty weather. I have observed the following factors for many years. Dry weather, if it lasts four weeks, brings a mild epidemic: additional weeks of drought add in geometric progression to the size of the epidemic, so that seven or eight weeks of drought means a national invasion. The advent of rain sufficiently heavy to wash the streets immediately cuts out the biggest source of infection. Within two weeks after the heavy rain there is a marked drop in the number of people falling ill. The critical point of the wave varies with the incubation period or periods. For the purpose of classification, drizzle and snow are considered as drought with only a shade of mitigation. A heavy thaw of snow is like heavy rain. Frosty weather is drought of a type that presents a difficult problem. I think the profession ought to consider these overlooked points in epidemiology. The time is now opportune in view of the returning interest in A.R.P. Sanitary engineers may use fire-fighting devices to wash the more densely populated areas once in three weeks and thus cut out mass infection.

Overfeeding in Early Infancy

Dr. CYRIL JOSEPHS (London, S.E.5) writes: What a real delight it is to find that there are some people who believe that overfeeding virtually does not exist. The disagreement that Dr. Ian G. Wickes (November 29, p. 1178) expresses with both the welfare clinics and the illustrious Truby King is well deserved and long overdue. . . . I was once told not to lose heart at my inability to convince mothers that overfeeding is a myth. "After all," said my consoler, "you will take a hundred years to convince the doctors, and unfortunately that must come first."

Hypnotherapy for Asthma

Dr. S. F. GILBERT (Manchester, 2) writes: I have received the new issue of *Any Questions?* which contains an answer on "Hypnosis and Asthma" (p. 44). It is obvious that, while the answer in question was written with all good intentions, in certain respects it was singularly uninformed on this aspect of treatment. Mention is made of whether or not the patient learns to relax apart from the hypnotic session, when, in fact, the entire basis of the treatment is that relaxation shall be induced and maintained. I have terminated severe attacks of asthma in patients by hypnosis when other methods had failed, and by continuation of treatment have produced cure in these cases. While I agree that such treatment cannot be universal in its application to patients, I do assert that it cannot be dismissed lightly or questioned by those who do not know, or have no desire to know, more of the subject. . . . Presumably your expert is only conversant with that form of hypnotherapy which applies only to post-hypnotic suggestion, where in actual fact the trained "operator" can use, when necessary, hypno-analysis, relaxation in all its forms, and other phases of hypnotherapy apart from suggestion, where required for individual treatment.